2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90222 016 ***150.00
FILED P04000137292
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P04000137292

1. Entity Name
CLEARLY CUSTOM AUTOMOTIVE INC

Principal Place of Business	Mailing Address
5190 CRACKER SWAMP ROAD HASTINGS, FL 32145	5190 CRACKER SWAMP ROAD HASTINGS, FL 32145

06302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5190 CrackerSwamp Rd	5190 CrackerSwamp Rd
Suite, Apt. #, etc. ~~Hastings~~	Suite, Apt. #, etc.
City & State: HASTINGS FL.	City & State: HASTINGS FL.
Zip: 32145 Country: USA	Zip: 32145 Country:

4. FEI Number — Applied For ☐ Not Applicable ☑

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARNOWSKI, JEROME J
5190 CRACKER SWAMP ROAD
HASTINGS, FL 32145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SARNOWSKI, JEROME J 5190 CRACKER SWAMP ROAD HASTINGS, FL 32145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE Pres Vickey Sarnowski 5190 CrackerSwamp Rd. HASTINGS FL.	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerome J Sarnowski Jerome J Sarnowski 6 30 05 904-692-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #